



Department of Insurance
State of Arizona
Captive Insurance Division
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7256
Telephone (602) 364-4490/Fax: (602) 364-3989

JANET NAPOLITANO
Governor

CHRISTINA URIAS
Director of Insurance

**PROTECTED CELL INSURANCE COMPANY
INDIVIDUAL CELL SUPPLEMENTAL APPLICATION**

NOTES:

1. Complete all sections.
 2. If any question is inapplicable, please clearly indicate by marking "N/A".
 3. Completed forms should be submitted to: Rod Morris, Arizona Department of Insurance, 2910 North 44th Street, Suite 210, Phoenix, Arizona 85018-7269.
 4. License fee of \$1,000 first year.
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1. Name of Protected Cell Captive Insurer: _____
2. Name or Proposed Name of Applicant (Cell): _____
3. Please attach the following:
 - a. List of all names (including any previous names) and addresses of cell user(s), together with the number and class of shares (to be) held directly or on their behalf (large publicly held corporations need only list those beneficial shareholders owning over 10% of their shares). The list should identify individuals and their respective shareholders, and a completed biographical affidavit should be submitted for each individual shareholder.
 - b. In those cases where cell shares are beneficially owned by a corporate body(ies) or the company is part of a group, the chain of connection to the ultimate beneficial owners, a group organization chart showing all associated and affiliated companies;
 - c. Latest audited financial statements of the immediate parent of the proposed cell, and if applicable, the consolidated accounts of the group;
 - d. Provide all the information required in Section D1 of the Captive Insurance Company Admission Application plus the Business Plan must demonstrate how the applicant will account for the loss and expense experience of each protected cell and report that information to the Director.
 - e. Copy of contract between Protected Cell Captive Insurer and cell owner(s) together with all agreements between cell owner(s) and service providers, including policy-issuing carrier and reinsurer(s).

4. The expected risk gap for the cell and how is it to be funded; _____

5. Who are signatories to the cell's financials?
- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |
6. Proposed start-up date of the cell? _____
7. What is the cell owner's business? _____
8. What coverage(s) are to be written? _____
9. Have any of the parties connected with this application ever applied, either individually or in conjunction with others, for authority to transact insurance business in any other jurisdiction? If so please provide details and supporting documentation. _____

10. Will the captive manager underwrite the business? If not, who will? _____

11. Will the captive manager handle the claims? If not, who will? _____
12. Are there any other service providers involved? Explain any relationship between the cell (including directors and officers of the cell owner) and any person or organization remunerated directly or indirectly (eg insurance brokers, etc.) by the cell: _____

13. What is the maximum premium income which the cell proposes to earn during the first financial year?
14. If the cell is not fully funded in the formative years, what provision has been made if there are early losses? _____

15. Who is policy-issuing carrier for program? _____
16. Who is excess and aggregate reinsurer? _____

CERTIFICATION

I certify that the information given in this application is true and correct and that all estimates given are true estimates based upon facts that have been carefully considered and assessed. I affirm that pursuant to A.R.S. §20-1098.01 the Protected Cell Captive Insurer will notify the Arizona Director of Insurance within thirty days of any material change in the information filed with this application

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Name: _____ Date: _____

Signature: _____

Title: _____

Subscribed and sworn to before me this _____ day of _____ 20 _____

Signature of Notary Public: _____

NOTARY SEAL: Notary Public authorized by law of the State of _____
To administer oaths.

My commission expires on _____